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CONFIRMATION NO. 2334

Bib Data Sheet

|                             |  |              |                        |                                    |
|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/663,002 | FILING OR 371(c)<br>DATE<br>09/16/2003<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1636 | ATTORNEY<br>DOCKET NO.<br>D0295 NP |
|-----------------------------|--|--------------|------------------------|------------------------------------|

## APPLICANTS

Ranjan Mukherjee, Churchville, PA;  
 Phillip Liu, Wilmington, DE;  
 Reid M. Huber, Wilmington, DE;  
 Timothy C. Burn, Hockessin, DE;  
 Peter R. Young, San Francisco, CA;

## \*\* CONTINUING DATA \*\*\*\*\*OK GP\*\*\*\*\*

This appln claims benefit of 60/412,616 09/20/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*JD\*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/23/2003

|                                 |  |                        |                     |                    |                         |
|---------------------------------|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>PA | SHEETS DRAWING<br>6 | TOTAL CLAIMS<br>16 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |

## Verified and Acknowledged

GD Examiner's Signature

Initials

ADDRESS  
23914

## TITLE

Assay for PPAR ligand dependent gene modulation

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>880 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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